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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/145,410 07/23/1999

Verified  
in

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Verified  
in

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/13/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NJ	5	16	5
Examiner's Signature _____ Initials _____				

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## TITLE

One-size-fits-all uni-ear hearing instrument

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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